

INDEPENDENT REVIEWERS OF TEXAS, INC.

2150 S. Central Expressway · Suite 200-264 · McKinney, Texas 75070

Office 214-533-2864 Fax 214-380-5015

e-mail: independentreviewers@hotmail.com

[Date notice sent to all parties]:

05/12/2015

IRO CASE #:

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: ADDITIONAL PT
X 12 VISITS- RIGHT ANKLE 97110**

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR
OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified PM&R**

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who had an injury on xx/xx/xx. The patient underwent surgery on 12/16/14 for non-union with painful hardware irritation to the right subtalar joint and medial talonavicular joint of the right foot. He underwent removal of painful screw from the medial right talonavicular joint with arthrodesis side of the right foot. Revision of right subtalar arthrodesis with application of screws and demineralized bone matrix to the right foot surgical site included platelet rich plasma application. Clinical note dated 04/01/15 indicated the patient complained of foot pain. Patient was in for post-operative x-rays and foot pain. He was wearing regular shoes and ASO hinge brace. Stated he was having a lot of heel pain and anterior ankle pain. The patient stated the pain intensity and frequency increased since his last visit. Stated the pain was worse with weight bearing and range of motion. There was mild to moderate foot/ankle edema. Pain was rated 5-8/10. On physical examination he had some swelling and healed surgical sites. Pain was 5/10 on palpation of the right foot. He is status post right arthrodesis and screw removal from arthrodesis, normal post-operative changes. Neurological examinations within normal limits. Dorsalis pedis and posterior tibial pulses appeared to be within

normal limits. Capillary filling time was within several seconds and all toes. Temperatures gradient was within normal limits. There was a notable pain on weight bearing and during ambulation. Physical therapy note dated 03/03/15 indicated the patient was walking in a cast boot on the right. Still getting used to his AFO brace and tennis shoe. It was stated he started to see good edema reduction of his right foot and toes. There was no clinical documentation of number of physical therapy visits on 03/01/00 or 03/03/15. Per prior utilization review dated 03/06/15 was denied based on, he completed at least 12 supervised rehab sessions to date since 12 sessions were approved on 01/20/15. However, progress with past physical therapy was not clearly documented since the patient still remained in a cam boot and using one crutch despite past rehabilitation of at least 12 sessions after the most recent surgical procedure. Unclear and undocumented as to the current role of physical therapy since patient remained mobilized in a cam boot. Based on the clinical documentation submitted for review, there was only one physical therapy note submitted for review and there was no clinical documentation of functional improvement on that date of visit. Prior utilization review indicated the patient had 12 visits of physical therapy post-operatively, and there was no clinical documentation of functional improvement submitted.

It is the opinion of this reviewer that the request for 12 additional physical therapy visits is not medically necessary and the prior denial is upheld.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

Based on the clinical documentation submitted for review, there was only one physical therapy note submitted for review and there was no clinical documentation of functional improvement on that date of visit. There has been no documentation submitted for review indicating that the patient has had functional improvement from the previous physical therapy sessions to warrant the additional 12 sessions.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Reference:

The Official Disability Guidelines, 19th Edition

Ankle and Foot Chapter

Physical therapy (PT)

Arthritis (Arthropathy, unspecified) (ICD9 716.9)

Medical treatment: 9 visits over 8 weeks

Post-injection treatment: 1-2 visits over 1 week

Post-surgical treatment, arthroplasty/fusion, ankle: 24 visits over 10 weeks